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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **544453** (4)

1. Corporation Name  
**CENTRAL FLORIDA PULMONARY GROUP, P.A.**

Principal Place of Business: **326 N MILLS AVE ORLANDO FL 39901-0020 US**

Mailing Address: **326 N MILLS AVE ORLANDO FL 39901-0020 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1977**

3a. Date of Last Report: **03/01/1994**

4. FEI Number: **59-1760017**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address: **326 N. Mills Ave.**

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State: **Orlando, FL.**

28. City & State

23. Zip: **32803-5734**

29. Zip: **32803-5734**

24. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent: **BAST, ROBERT D. 100 WEST GORE STREET, SUITE 608 ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81. Name: **Robert D. Bast**

82. Street Address (P.O. Box Number is Not Acceptable): **326 N. Mills Ave.**

83.

84. City: **Orlando, FL**

85. Zip Code: **32803-5734**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (REG) Registered Agent (signature required when necessary) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECKER, BARRY J.</b>	1.2 NAME	
STREET ADDRESS	<b>326 MILLS AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRAN, JUAN J.</b>	2.2 NAME	
STREET ADDRESS	<b>326 N MILLS AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALDARONDO, SIGFREDO</b>	3.2 NAME	
STREET ADDRESS	<b>326 N MILLS AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAST, ROBERT D</b>	4.2 NAME	
STREET ADDRESS	<b>326 N MILLS AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEJEDOR, RICHARD S</b>	5.2 NAME	
STREET ADDRESS	<b>326 N MILLS AVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 127, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **11/31/93**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR